

**CLAIMS ONLY**

Application Number

Application Number  
10-816761

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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49						
50						
Total Indep	3					
Total Depend	16					
Total Claims	19					

  

* May be used for additional claims or amendments					
	Indep		Depend		
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100					
Total Indep					
Total Depend					
Total Claims					